

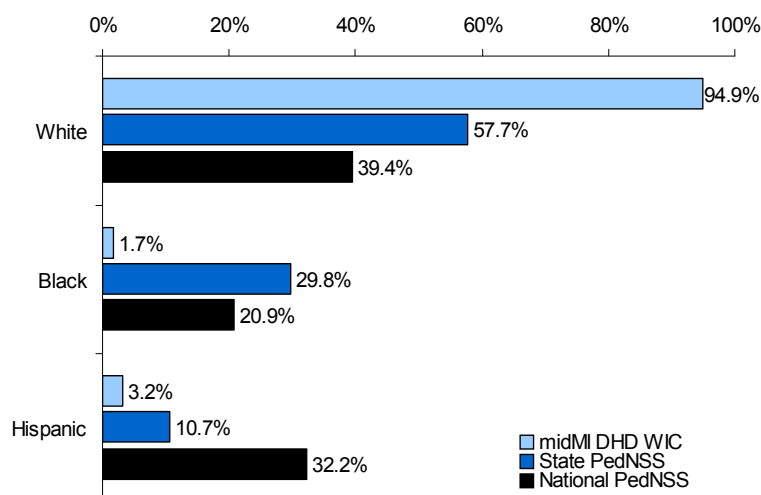
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

There are three counties within Mid-Michigan District Health Department (mid-MI DHD): Clinton, Gratiot, and Montcalm. Of the approximately 11,016 residents under the age of five in the three counties, 12.0% lived below poverty. An estimated 3,218 of infants and children participating in Michigan WIC were served by mid-MI DHD in 2003. Statistics about WIC infants and children under the age of five years old in mid-MI DHD revealed:

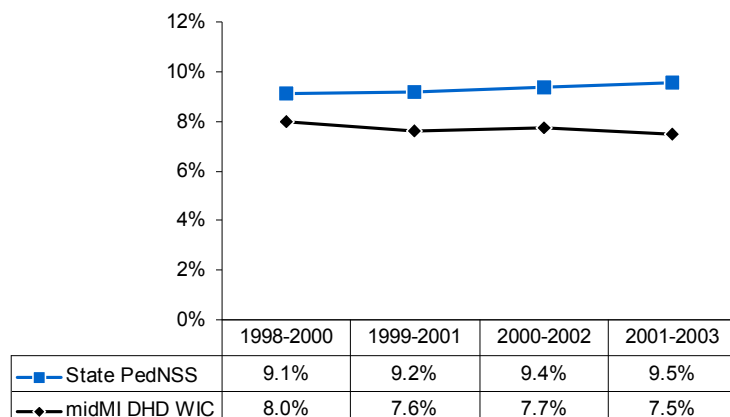
- 7.5% of infants were low birthweight and 9.1% were high birthweight infants;
- 8.0% of infants and children under five years old were short in stature;
- The prevalence of underweight was lower among mid-MI DHD infants and children than either state or national PedNSS participants (2.7% versus 4.5% and 5.3%);
- 32.9% of children two to five years old were overweight or at risk of overweight;
- One in ten infants and children under the age of two years old had iron deficiency anemia;
- The prevalence of infants ever breastfed was slightly higher among participants of mid-MI DHD than among WIC infants at the state level.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



94.9% of mid-MI DHD infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health and nutritional indicators stratified by race/ethnicity.

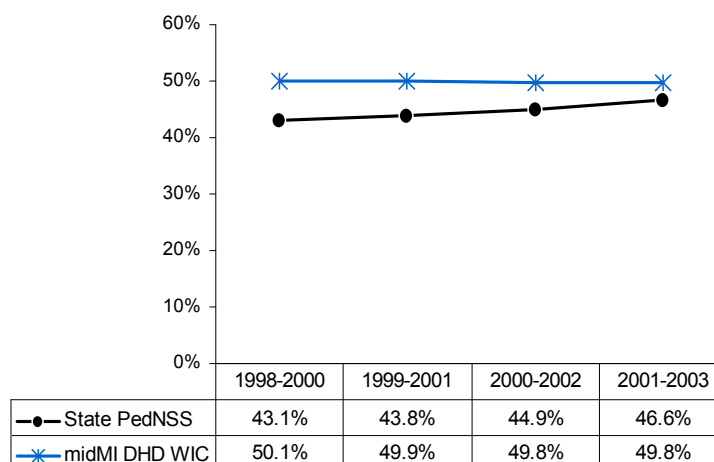
Figure 2. Local and state trends in **low birthweight\*** among infants in the mid-MI DHD WIC agency, 1998-2003 MI PedNSS



The incidence of low birthweight declined, on average, by 2% per year among mid-MI DHD infants.

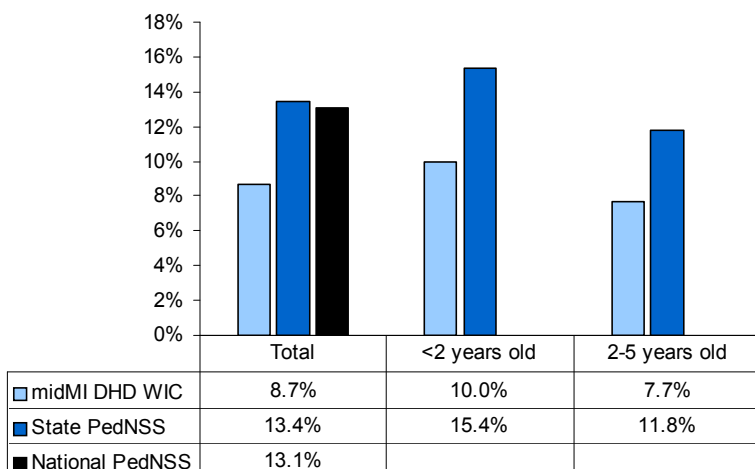
\*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in mid-MI DHD WIC agency, 1998-2003 PedNSS



The prevalence of infants ever breastfed among participants of mid-MI DHD remained nearly static from 50.1% in 1998-2000 and 49.8% in 2001-2003.

Figure 4. Average prevalence of **iron deficiency anemia\*** by age among infants and children under five years old, 2001-2003 PedNSS

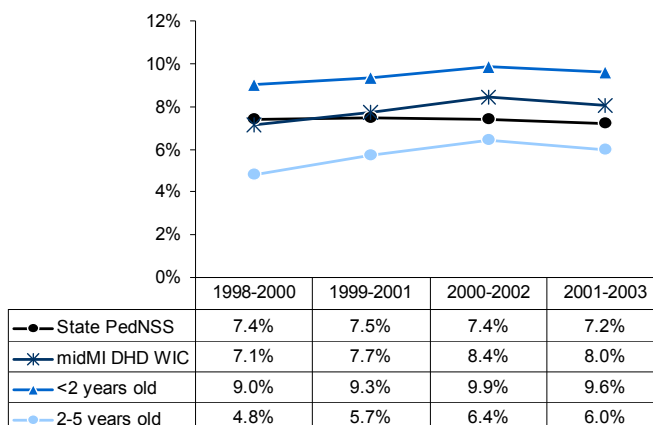


Even when stratified by age, infants and children under five years old in mid-MI DHD WIC had a lower prevalence of iron deficiency anemia than their state peers

\*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

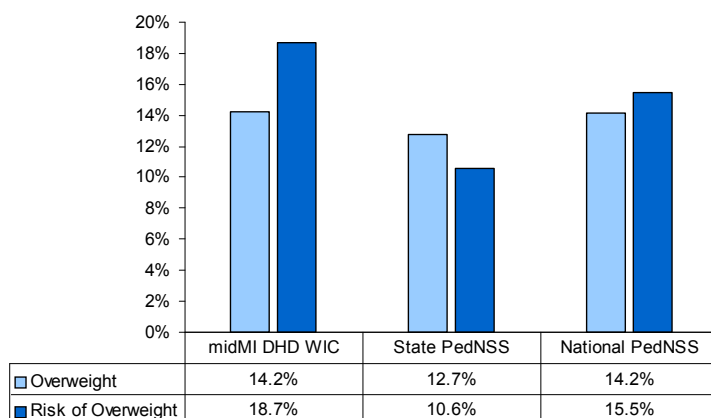
The prevalence of short stature in infants and children of mid-MI DHD increased approximately 4.2% per year since 1998-2000.

Figure 5. Trend in **short stature\*** by age group among infants and children under five years old under five years old, 1998-2003 MI PedNSS



\*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 6. State and local average prevalences of **overweight \*** and **risk of overweight\*\*** among children two to five years old, 2001-2003 PedNSS

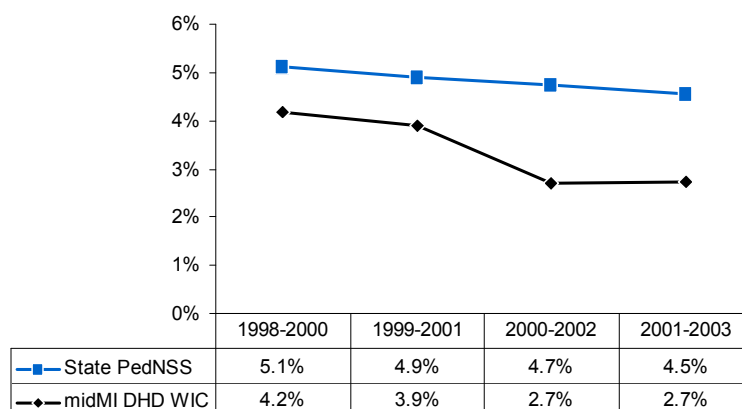


Almost one in five children two to five years old in mid-MI DHD were at risk of overweight.

\*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

\*\*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

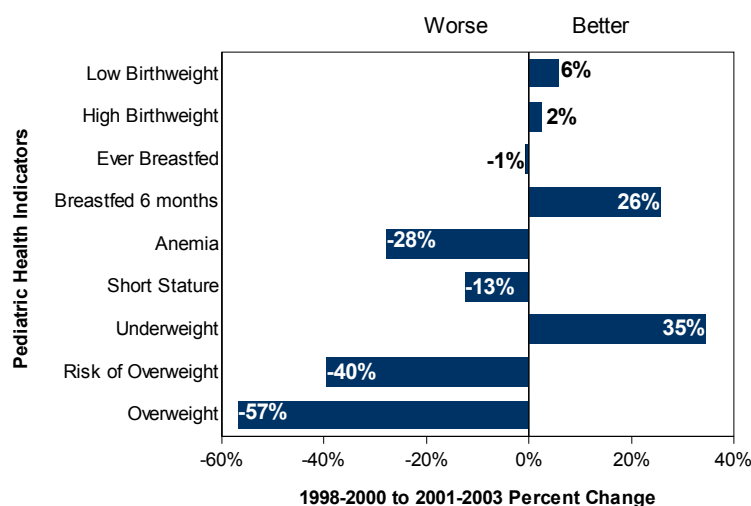
Figure 7. State and local average prevalences of **underweight\*** among infants and children under five years old, 2001-2003 PedNSS



\*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The prevalence of underweight declined at both the local and state level. State-wide the prevalence of underweight declined by about 4.0% per year, meanwhile, in mid-MI DHD, underweight declined, on average, 12.1% per year.

Figure 8. Pediatric **health progress review** for mid-MI DHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



Although improvement was made in the prevalence underweight among infants and children of mid-MI DHD, the prevalence of participants who were either overweight or at risk of overweight worsened since 1998-2000.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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## Michigan Department of Community Health

### WIC Program

#### Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.